

(ORIGINAL)
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IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE
DIVISION

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SEP 16 2011

U.S. DISTRICT COURT
MID. DIST. TENN.

SHAIRIQ SEABROOKS
(Enter above the full name of the plaintiff or
plaintiffs in this action)

vs.

Docket /Complaint No.: _____

C.C.A.- Medical Dept.

JURY TRIAL DEMANDED

TN. Department of Corrections,

Corrections Corporation of America
(Enter above the full name of the defendant
or defendants in this action)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS
UNDER 42 U.S.C. 1983

I. PREVIOUS LAWSUITS

- A. Have you begun other lawsuits in State or Federal Court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes: (☒) No: ()
- B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to previous lawsuit:

Plaintiff(s): SHAIRIQ SEABROOKS

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Defendant(s): Corrections Corp. of America
TN. Department of Corrections
C.C.A. - Medical Department

2. Court (If federal Court, name the district Court; If State Court, name the County.):

Middle district

3. Docket Number:

(This suit is being file concurrently
with the other at this moment)

4. Name of judge to whom case was assigned: _____

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending or result of the previous lawsuit? For example, was it dismissed, appealed, or still pending?)

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. PLACE OF PRESENT CONFINEMENT: South Central Correctional Facility
P.O. Box 279
555 Forrest Ave
Clifton, Tennessee 38425-0279

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A. Is there a prisoner grievance procedure in the institution? Yes: (X) No: ()

B. Did you present the facts relating to your complaint in the State prisoner grievance procedure? Yes: (X) No: ()

C. If your answer is yes:

1. What steps did you take? EVERY MEASURE AVAILABLE
WAS EXHAUSTED

2. What was the result? GRIEVANCE WAS TO NO AVAIL
COMPLAINT WAS UNACKNOWLEDGED AND IGNORED

D. If your answer is no, explain why not: _____

E. If there is not prisoner grievance procedure in the institution, did you complain to prison authorities Yes () No ()

F. If our answer is yes,

1. What steps did you take? _____

2. What was the result? _____

III. PARTIES:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any)

A. Name of plaintiff(s): SHAIRIQ SEABROOKS
STATE I.D.# 431620

Address: South Central Correctional Facility

555 Forrest Ave. Clifton, TN. 38425

(In item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use Item C for the names, position, and places of employment of any additional defendants.)

B. Defendant: C.C.A. - Medical Dept. is employed
as Health Department at South Central Correctional Facility
555 Forrest Ave.
Clifton, TN. 38425

C. Additional Defendants: TN. Dept. of Corrections, at
320 6th Ave. North. 4th Fl. Racheal Jackson
Building. Nashville, TN. 37243. - and - Corrections
Corp of America, at 10 Burton Hills Blvd. Nashville,
TN. 37215

IV. STATEMENT OF YOUR CLAIM:

State here as briefly as possible, the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

- ① On the date of 4-28-11 plaintiff was
escorted to C.C.A. - Medical Department at
South Central Correctional Facility where
he receive no care for wounds wich occurred
from a Assault by another inmate where he
was stabbed "6" times with a metal shank
- ② Plaintiff recieved no care for stabb wounds
despite multiple request and complaints

for and extended time period of 21 days which forced him to endure great physical pain from the date of 4-28-11 until 5-19-11.

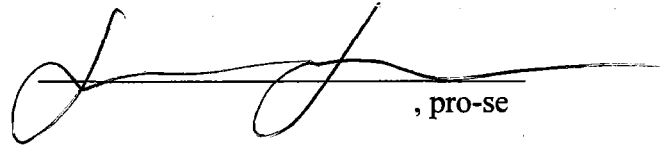
- ③ Plaintiff received no care for mental suffering despite multiple request and complaints for an extended time period of 46 days which force plaintiff to suffer great mental suffering from the date of 4-28-11 until 6-13-11
- ④ Defendant C.C.A. - Medical Department failed to provide due standard of care by not rendering adequate timely assistance, and in doing so inhumanely treated plaintiff causing a maximum amount of suffering throughout a extended time period.
- ⑤ Defendant Corrections Corporation of America maintains corporate liability over defendant C.C.A. - Medical Dept., and is liable for plaintiff.
- ⑥ Defendant TN. Department of Corrections maintains vicarious liability over defendant Corrections Corp. of America, and is liable for plaintiff.
- ⑦ At all times hereto plaintiff acted with due care and was not contributory to occurrences.

V. **RELIEF:**

State briefly **EXACTLY** what you want the court to do for you. Make no legal argument, Cite no cases or statutes.

I hereby seek that the judge honor a judgement in my favor for \$300,000

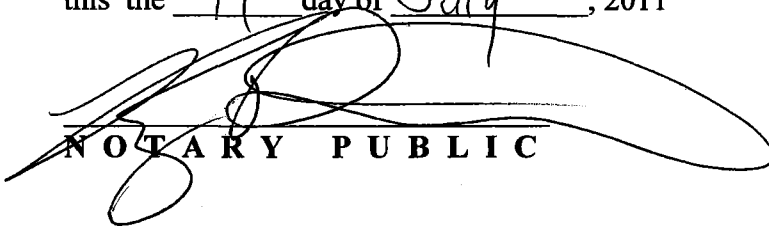
I swear (or affirm) under penalty of perjury that the foregoing is true and correct to the best of my information, knowledge and belief. Further, I state these statements are made under the penalty of perjury.

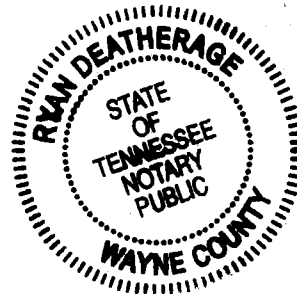
 , pro-se

STATE OF TENNESSEE)
COUNTY OF WAYNE)

SWORN TO AND SUBSCRIBED before me

this the 14 day of July, 2011


NOTARY PUBLIC



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